

<i>SERFF Tracking Number:</i>	<i>AMFA-125944806</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>41379</i>
<i>Company Tracking Number:</i>	<i>UVA REV. 1-09</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Application For Medley Annuity</i>		
<i>Project Name/Number:</i>	<i>Application For Medley Annuity/Application For Medley Annuity</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: Application For Medley Annuity SERFF Tr Num: AMFA-125944806 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred SERFF Status: Closed State Tr Num: 41379

Variable

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: UVA REV. 1-09

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Teri Tran

Disposition Date: 01/22/2009

Date Submitted: 01/16/2009

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Application For Medley Annuity

Status of Filing in Domicile: Authorized

Project Number: Application For Medley Annuity

Date Approved in Domicile: 01/15/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/22/2009

State Status Changed: 01/22/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Ameritas Life Insurance Corp.

NAIC No.: 0943-61301

FEIN No.: 47-0098400

Form:

UVA Rev. 1-09

Application for Flexible Premium Deferred Variable Annuity

SERFF Tracking Number:	AMFA-125944806	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	41379
Company Tracking Number:	UVA REV. 1-09		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	Application For Medley Annuity		
Project Name/Number:	Application For Medley Annuity/Application For Medley Annuity		

Enclosed for your review and approval is the above-referenced application form. This application replaces form UVA Ed. 5-07, previously approved by your Department on 01/10/2007 under tracking number 34511. The proposed effective date is January 1, 2009 or upon approval, whichever is later.

This application form is for use with policy form 4888, a flexible premium deferred variable annuity, also previously approved by your Department. We request that certain sections of the application be considered variable to allow for future changes. We have attached a Statement of Variability which addresses the bracketed fields. This filing is submitted strictly for the purpose of obtaining current review and approval for formatting changes made to certain sections, for the addition of rider options that have been approved by your Department, and information regarding the selection of the available riders.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This application is used with a policy form that is subject to Federal jurisdiction, and is therefore exempt from readability requirements.

If you should have any questions, please do not hesitate to contact me at 800-745-1112, ext. 87899, by fax at 402-467-7956, or e-mail ttran@ameritas.com.

Company and Contact

Filing Contact Information

Teri Tran, Contract Analyst	ttran@ameritas.com
5900 O Street	(800) 745-1112 [Phone]
Lincoln, NE 68501-1889	(402) 467-7956[FAX]

Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889		
Lincoln, NE 68501-1889	Group Name:	State ID Number:
(800) 756-1112 ext. [Phone]	FEIN Number: 47-0098400	

SERFF Tracking Number: AMFA-125944806 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$20.00	01/16/2009	25086855

SERFF Tracking Number:	AMFA-125944806	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFA-125944806</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Flexible Premium Deferred Variable Annuity		Yes

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Form Schedule

Lead Form Number: UVA Rev. 1-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UVA Rev. 1-09	Application/ Enrollment Form	Application for Flexible Premium Deferred Variable Annuity	Initial		0	UVA Rev. 1-09-Standard-Bracketed.pdf

Application for OVERTURE MEDLEY! VARIABLE ANNUITY

Please print clearly in black ink. This form will be photocopied.

1. Policyowner If a Trust, give Trustee name and Trust date. All correspondence will be sent to this address.

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F
☐ Social Security # or ☐ Tax I.D. Number _____ Date of Birth _____
 Address _____ Date of Trust _____
 City/State/ZIP _____ Day Phone _____

JOINT OWNER (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F
☐ Social Security # or ☐ Tax I.D. Number _____ Date of Birth or Trust _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Day Phone _____

2. Annuitant(s) (If other than Owner)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F
☐ Social Security # or ☐ Tax I.D. Number _____ Date of Birth or Trust _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Day Phone _____

JOINT ANNUITANT (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F
☐ Social Security # or ☐ Tax I.D. Number _____ Date of Birth or Trust _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Day Phone _____

3. Beneficiary If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors.

Primary (Full Name) _____ Relationship to Owner _____
Contingent (Full Name) _____ Relationship to Owner _____

4. Annuity Type

Plan Type

- ☐ Nonqualified
☐ 457 Deferred Comp
☐ 401(a) Pension/Profit Sharing
☐ 401(k) Profit Sharing
☐ 408(b) IRA
☐ 408(k) SEP-IRA
☐ 408(p) SIMPLE IRA
☐ 408A ROTH IRA (Regular Contribution)
☐ 403(b) TSA
☐ _____

Type of Transfer

- ☐ 1035 Exchange
☐ Direct Transfer
☐ Direct Rollover
☐ Roth Conversion

NOTE FOR ARIZONA RESIDENTS: On written request, we will provide, within a reasonable time, reasonable factual information regarding the benefits and provisions of the policy for which you are applying. If you are not satisfied, you may return the policy to us or the selling agent within ten days of the date of delivery of the policy (thirty days if you are age 65 or older). The amount of the refund will be equal to that permitted by Arizona Insurance Code.

5. Optional Riders

Complete for Non-TSA Plans ONLY

Step #1 Select your Withdrawal Charge Option:

- ☐ 9-Year *Default – no cost*
- ☐ 7-Year (not available in SC or WA)
- ☐ 5-Year (not available in SC or WA)
- ☐ No Withdrawal Charge (not available in SC or WA)
Plans with GLWB may also choose this option

**Step #2 Select your GLWB Option:
Guaranteed Lifetime Withdrawal Benefit (GLWB)**

- ☐ Inactive Phase (ages 0–85)
Default if no option selected
- ☐ Accumulation Phase* (ages 50–85)
 - ☐ Single Life
 - ☐ Joint Spousal** (Non-qualified plans only)
- ☐ Withdrawal Phase* (ages 50–85)
Completion of Withdrawal Phase Election Request Form (AG 5226) is also required
 - ☐ Single Life
 - ☐ Joint Spousal** (Non-qualified plans only)

* Participation is required in one of the following Asset Allocation Models: Capital Growth, Balanced, Moderate or Conservative

** Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary.

**Step #3 Optional Riders available with Non-TSA Plans:
Select from A or B**

A. When selecting 9-year, 7-year or 5-year Withdrawal Charge:

- ☐ **Minimum Premium**
(initial premium less than \$25,000)

Free Partial Withdrawal

Participation required for GLWB

- ☐ 10% Policy Value *Default if no option selected*
- ☐ Expanded

**Guaranteed Minimum Death Benefit
(not available if over age 70)**

- ☐ Annual Step-Up
- ☐ 5% Roll-Up (3% in WA)
- ☐ Greater of Step-Up or 5% Roll-Up (3% in WA)

Estate Protection (not available in MN or WA)

- ☐ Estate Protection Benefit
- ☐ Expanded

B. When selecting No Withdrawal Charge:

- ☐ **Guaranteed Minimum Death Benefit - Annual Step-Up**
(not available if over age 70)

Complete for TSA Plans ONLY

Step #1 Select your Withdrawal Charge Option:

- ☐ 7-Year (9-year for SC or WA) *Default – no cost*
- ☐ TSA No Withdrawal Charge (not available in SC or WA)
TSA's with GLWB may also choose this option

**Step #2 Select your GLWB Option:
Guaranteed Lifetime Withdrawal Benefit (GLWB)**

- ☐ Inactive Phase (ages 0–85)
Default if no option selected
- ☐ Accumulation Phase* Single Life (ages 50–85)
- ☐ Withdrawal Phase* Single Life (ages 50–85)
Completion of Withdrawal Phase Election Request Form (AG 5226) is also required

* Participation is required in one of the following Asset Allocation Models: Capital Growth, Balanced, Moderate or Conservative

Step #3 Optional Riders available with TSA Plans:

- ☐ **TSA Minimum Premium**
(initial premium less than \$25,000)
- ☐ **TSA Hardship Waiver**
(not available in WA)
- ☐ **TSA Free Partial Withdrawal - 10% Policy Value**
Must select for GLWB if 7-Year Withdrawal Charge Option is selected in Step #1

**Guaranteed Minimum Death Benefit
(not available if over age 70)**

- ☐ Annual Step-Up
- ☐ 5% Roll-Up (3% in WA)
- ☐ Greater of Step-Up or 5% Roll-Up (3% in WA)

Estate Protection

(not available in MN or WA)

- ☐ Estate Protection Benefit
- ☐ Expanded

6. Suitability Information

Complete in Proposed Owner's presence.

Applicants are urged to supply information in order that the agent may make an informed judgment as to the suitability for a particular purchaser of a variable annuity. If the Applicant chooses not to do so, the agent must complete the following items to the best of his/her knowledge.

☐ Check this box if the information was not provided by the Applicant.

- a. Income for the past 12 months \$ _____
- b. Projected income for the next 12 months \$ _____
- c. Tax Bracket _____ %
- d. Approximate liquid net worth (excluding home) \$ _____
- e. Is the Proposed Owner(s) in good health on the application date? ☐ Yes ☐ No (If no, explain)
Annuitant(s)? ☐ Yes ☐ No (If no, explain)
- f. Owner's Occupation(s) _____
- g. Employer Name and Address _____

Investment Objectives

Check at least one. Multiple objectives can be ranked based on importance to you. Primary = 1, Secondary = 2, etc.

___ Long Term Gain ___ Short Term Gain ___ Income ___ Tax Advantaged ___ Safety of Principal

Risk Tolerance

Rank based on your level of risk. Tolerable = 1, least Tolerable = 4.

___ Low Risk ___ Moderate Risk ___ Speculative Risk ___ High Risk

All Registered Representatives must provide their Broker/Dealer with client information applicable to suitability. (See your Broker/Dealer for details.)

Supervisory Principal's Signature _____

7. Investment Advisory Agreement for Model Asset Allocation on Page 4

In selecting to participate in the Model Asset Allocation program using the Asset Allocator tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether participation in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocator Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part II, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas and AIC of your election to participate.

8. Allocation

Choose from an Investment Level Asset Allocation Model OR select your own investment options.

Investment Level Asset Allocation Model

The models will be rebalanced quarterly.

Choose **ONE** of the Asset Allocation Models below.

Information regarding the funds and allocations for each model are contained in the asset allocation brochures, which I acknowledge receipt of by signing below.

☐ Aggressive Model ☐ Capital Growth Model ☐ Balanced Model ☐ Moderate Model ☐ Conservative Model

– or –

Individual Investment Options

Use whole percentages only. Must total 100%.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

Fidelity® Variable Insurance Products

____ % Fidelity® VIP Equity-Income Portfolio,
Service Class 2
____ % Fidelity® VIP Growth Portfolio,
Service Class 2
____ % Fidelity® VIP High Income Portfolio,
Service Class 2
____ % Fidelity® VIP Overseas Portfolio,
Service Class 2
____ % Fidelity® VIP Asset ManagerSM
Portfolio, Service Class 2
____ % Fidelity® VIP Investment Grade Bond
Portfolio, Service Class 2
____ % Fidelity® VIP Asset Manager:
Growth® Portfolio, Service Class 2
____ % Fidelity® VIP Contrafund® Portfolio,
Service Class 2

Calvert Variable Series, Inc.

____ % Social Balanced Portfolio
____ % Social International Equity Portfolio
____ % Social Equity Portfolio
____ % Income Portfolio
____ % Ameritas Money Market Portfolio
____ % Ameritas MidCap Growth Portfolio
____ % Ameritas Small Capitalization Portfolio
____ % Ameritas Small Company Equity Portfolio
____ % Ameritas MidCap Value Portfolio
____ % Ameritas Core Strategies Portfolio

The Alger American Fund

____ % Alger American Balanced Portfolio, Class O

The Universal Institutional Funds, Inc.

____ % UIF Emerging Markets Equity Portfolio,
Class I
____ % UIF Global Value Equity Portfolio, Class I
____ % UIF International Magnum Portfolio, Class I
____ % UIF U.S. Real Estate Portfolio, Class I

MFS® Variable Insurance TrustSM

____ % MFS® VIT Utilities Series, Initial Class
____ % MFS® VIT Strategic Income Series,
Initial Class
____ % MFS® VIT New Discovery Series, Initial Class
____ % MFS® VIT Research International Series,
Initial Class
____ % MFS® VIT Total Return Series, Initial Class

American Century Investments

____ % American Century VP Income & Growth
Fund, Class I
____ % American Century VP Mid Cap Value
Fund, Class I

AIM Variable Insurance Funds

____ % AIM V.I. Dynamics Fund, Series I
____ % AIM V.I. International Growth Fund, Series I

Summit Mutual Funds, Inc., Summit Pinnacle Series

____ % Summit Nasdaq-100 Index Portfolio
____ % Summit Russell 2000 Small Cap
Index Portfolio
____ % Summit S&P MidCap 400 Index Portfolio
____ % Summit EAFE International Index Portfolio
____ % Summit Inflation Protected Plus Portfolio

____ % Summit Lifestyle ETF Market Strategy
Aggressive Portfolio
____ % Summit Lifestyle ETF Market Strategy
Conservative Portfolio
____ % Summit Lifestyle ETF Market Strategy
Target Portfolio
____ % Summit Natural Resources Portfolio
____ % Summit S&P 500 Index Portfolio
____ % Summit Zenith Portfolio

Third Avenue Variable Series Trust

____ % Third Avenue Value Portfolio

Dreyfus Investment Portfolios

____ % Dreyfus MidCap Stock Portfolio,
Service Shares

DWS Variable Series II

____ % DWS Dreman Small Mid Cap Value
VIP Portfolio, Class A
____ % DWS Global Thematic VIP Portfolio,
Class A

Neuberger Berman Advisers Management Trust

____ % Neuberger Berman AMT Regency
Portfolio, Class I

T. Rowe Price Equity Series, Inc.

____ % T. Rowe Price Blue Chip Growth Portfolio-II

ALIC

____ % Fixed Account (not available in WA)

100% TOTAL

(Whole percentages only; must total 100%)

9. Premium Payment

All premium checks must be made payable to the Company. Do not make check payable to the agent or leave the payee blank.

Initial Premium With Application: \$ _____

10. Endorsements/Corrections *Home Office use only*

Changes in the amount, age at issue, classification, plan of insurance or benefits must be agreed to in writing by me. Any other corrections noted shall be binding without my written agreement. This section will not be used in MD, PA or WV.

11. Telephone Authorization

Unless waived, the Owner and Representative will have automatic telephone transfer authorization.

☐ I elect **NOT** to have telephone authorization. ☐ I elect **NOT** to have my Registered Representative have transfer authorization

I hereby authorize and direct ALIC to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Agent/Registered Representative in Section 15 below; and c) the person(s) named below. ALIC will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. ALIC will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmations. If ALIC does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, ALIC may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: _____ SS# _____

Address: _____

(This is not to be used for Fee Advisor authorization.)

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either ALIC or me. The revocation is effective when received in writing or by telephone by the other party.

12. Replacement

Do you have any existing life insurance or annuities? ☐ Yes ☐ No

Will this annuity replace any existing life insurance or annuity? ☐ Yes ☐ No

Company _____

Policy No. _____

13. For your protection, please read the following notice:

In several states other than those listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud The Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Georgia, Kansas, Nebraska and Washington Residents: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Oklahoma Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

Note for Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Note for Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Minnesota and Vermont Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

14. IMPORTANT! Make all checks payable only to Ameritas Life Insurance Corp.

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
2. I (We) certify that the Social Security or taxpayer identification number shown above is correct.
3. **I (We) understand that policy values may increase or decrease according to the investment experience of the Separate Account and that the dollar amounts are not guaranteed. I (We) believe this policy is appropriate to meet my investment objectives and anticipated financial needs.**
4. The Annuity Date is the later of five policy years or age 85 unless otherwise requested.
5. I (We) have been given a current Prospectus for this variable annuity which explains insurance-related charges.
6. If you are purchasing this policy for use in a tax-qualified plan, please acknowledge the following: I have been informed and understand that a tax-deferred accrual feature is provided through my tax-qualified plan and this annuity does not provide any additional tax-deferral benefit. In addition, I am also acknowledging that I am purchasing this annuity policy for use in a tax-qualified plan because of its features and/or benefits other than tax-deferral (such as the lifetime income option, available death benefit and/or maximum guarantee fees).

Dated at _____ (City) _____ (State) On this Date _____

X

Signature of Owner

X

Signature of Joint Owner (if applicable)

X

Signature of Annuitant if other than Owner

X

Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

15. Registered Representative Statement (Must check appropriate box)

- a. To your knowledge does the Owner (Applicant) have any existing policies of life or annuity? ☐ Yes ☐ No
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance or annuity coverage may be involved? . ☐ Yes ☐ No
(If yes, give details in Section 12 and complete any state required replacement forms.)
- c. Did you see the Proposed Insured at the time of application completion? ☐ Yes ☐ No

You must positively identify the Owner with a government-issued picture form of identification (I.D.). Examples of acceptable forms are: Driver's License, Passport, Military I.D., Green Card. You must also obtain a copy of the government-issued I.D. and submit it with this application. If it is not possible to obtain a copy, you must provide the following information:

Form of I.D. used _____ I.D. # _____ Expiration Date _____

What was or will be the source of funds used to apply for the policy?

☐ Checking Account? ☐ Savings Account? ☐ Proceeds from Investments? ☐ Inheritance? ☐ Other _____

I certify that: 1) the information provided by the Owner has been accurately recorded; 2) a current prospectus and all supplements were delivered; **for MN residents, I have delivered the Minnesota Guaranty Notice**; and 3) I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X

Signature of Agent/Registered Representative _____ Date _____

Print Name Here _____ / _____
ALIC Agent Code / Percentage _____ Agency or Broker/Dealer _____

X

Signature of Agent/Registered Representative _____ Date _____

Print Name Here _____ / _____
ALIC Agent Code / Percentage _____ Agency or Broker/Dealer _____

16. Policy Delivery If not completed, policy will be sent to Owner.

Send to: ☐ Owner ☐ Representative

17. Representative/Dealer Information

Non-TSA Plans: Schedule Type

9-Year Withdrawal Charge Period

☐ A ☐ B* ☐ C

**7-Year or 5-Year Withdrawal Charge Period
(not available in SC or WA)**

☐ A ☐ B* ☐ C ☐ H

**No Withdrawal Charge Rider
(not available in SC or WA)**

☐ No Withdrawal Charge Rider only option available

**Default is Schedule B*

TSA Plans: Schedule Type

TSA 7-Year (9-Year for SC or WA) Withdrawal Charge Period

☐ A ☐ B* ☐ C

**Default is Schedule B*

**TSA No Withdrawal Charge Rider
(not available in SC or WA)**

☐ D ☐ E*

**Default is Schedule E*

Representative Name (please print) _____ Code _____

Representative Name (please print) _____ Code _____

Agency/Broker/Dealer (please print) _____ Code _____

18. Questions? If ALIC has questions concerning this application, whom should we call at your office?

Agent/Registered Representative remarks and special instructions:

Name (please print) _____ at _____
Phone _____ Fax _____

If you have questions completing this application or any
other supporting documentation, please call: **1-800-634-8353**.
E-mail _____

19. Mail Application To:

Ameritas Life Insurance Corp.

P.O. Box 82550

Lincoln, NE 68501-2550

Fax#: 402-467-7335

www.ameritas.com

tools4you.com (Rep. only)

Overnight Deliveries:

Ameritas Life Insurance Corp.

5900 O Street

Lincoln, NE 68510

<i>SERFF Tracking Number:</i>	<i>AMFA-125944806</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>41379</i>
<i>Company Tracking Number:</i>	<i>UVA REV. 1-09</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Application For Medley Annuity</i>		
<i>Project Name/Number:</i>	<i>Application For Medley Annuity/Application For Medley Annuity</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-125944806 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 41379
Company Tracking Number: UVA REV. 1-09
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Application For Medley Annuity
Project Name/Number: Application For Medley Annuity/Application For Medley Annuity

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

12/12/2008

Comments:

Attachment:

UVA-AR Reg 19 Certification.pdf

Review Status:

Satisfied -Name: Statement of Variability

01/16/2009

Comments:

Attachment:

UVA Statement of Variability.pdf

STATE OF ARKANSAS

REGULATION 19

INSURER:

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

Form Number:

Form Name:

SIGNATURE:

TYPED NAME:

TITLE:

DATE:

STATEMENT OF VARIABILITY
UVA Rev. 1-09
Application Form for Flexible Premium Deferred Variable Annuity

Application Form:

Section 5. Optional Riders: The optional riders shown are currently available for all newly issued contracts. They may be discontinued at a future date for newly issued contracts. Other rider options may be made available in the future upon approval by the state insurance department, and will appear in this section of the application when approved.

Section 8. Allocation: The investment options shown in the Allocation section are the currently available options for all newly issued contracts. Funds may be discontinued, renamed, or added at a future date.

Section 17. Representative/Dealer Information and

Section 18. Questions?: The information in these sections pertains to the agent/dealer and may be changed if deemed necessary.

If changes are necessary to any part of the application form, other than the sections outlined above, the application shall be resubmitted for review and approval by the Department.